



Firm Mailing Book For Accountable Mail

2022-7498

- Name and Address of Sender
 MC 110-1A M RUIZ
 TEXAS DEPARTMENT OF INSURANCE
 333 GUADALUPE ST
 AUSTIN TX 78701
- Check type of mail or service
 Adult Signature Required
 Adult Signature Restricted Delivery
 Certified Mail
 Certified Mail Restricted Delivery
 Collect on Delivery (COD)
 Insured Mail
 Priority Mail
- Priority Mail Express
 Registered Mail
 Return Receipt for Merchandise
 Signature Confirmation
 Signature Confirmation Restricted Delivery

Affix Stamp Here
(for additional copies of this receipt).
Postmark with Date of Receipt.

USPS Tracking/Article Number	Postage	(Extra Service) Fee	Handling Charge	Actual Value if Registered	Insured Value	Due Sender if COD	ASR Fee	ASRD Fee	RD Fee	RR Fee	SC Fee	SCRD Fee	SH Fee
1. 9214 8901 9403 8384 2702 51 CLOYD/29587	0.81	4.00	Handling Charge - if Registered and over \$50,000 in value							2.00			
							Adult Signature Required	Adult Signature Restricted Delivery	Restricted Delivery	Return Receipt	Signature Confirmation	Signature Confirmation Restricted Delivery	Special Handling

Handwritten signature: *[Signature]*
 Date stamp: JUL 27 2022
 Postmark: JUL 29 2022

RECEIVED

Postmaster, Per (Name of receiving employee)

Total Number of Pieces Listed by Sender: 1
 Total Number of Pieces Received at Post Office: 1

PS Form 3877, January 2017 (Page 1 of 1)
 PSN 7530-02-000-9098
 Jobid: 3577620
 Complete in Ink
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